

normal amount of carbon dioxide to stimulate breathing. So the physician calls in the fire department. If, as is often the case, the fire department succeeds where his medical skill and knowledge have failed, he calls for it again the next time. Now the hospitals in some cities are adopting the practice of calling for the inhalator whenever they have a baby who breathes poorly. In effect, *they add the rescue crew of the fire department to their board of consultants, and these new consultants thus contribute another service to the community over and above that for which the fire department is primarily organized.* Obviously, it is the hospitals that should be equipped to treat asphyxia -- asphyxia of every form -- and thus to help firemen overcome by smoke and gas, instead of relying on the fire department to help the hospital in such a matter as asphyxia of the newborn." (Henderson, *JAMA* 1928. note: italics added).

According to a historical account on the City's website, in 1947 in the city of Virginia, Minnesota, "the Fire Department took full possession of the ambulance along with a Pulmotor Resuscitator ... This would be the first time that ambulance personnel would be properly trained in first aid, and resuscitation procedures of that time" (City of Virginia, MN, 2007).

Such widespread anecdotes not only indicate longstanding involvement of the fire service in medical care, but it demonstrates the often-quoted mission of the fire service established in the 19th Century, "To Protect and Save Lives and Property." Clearly, protecting and saving lives is the first and foremost mission for these dedicated first responders.

Growth and Specialization of Fire Service-Based EMS

As illustrated by its history, the fire service has continuously adapted and changed to meet the current needs of a community. As EMS developed, the fire service was integrally involved. In the early stages, firefighters were chosen by expert physicians to take on the role of paramedic. This era of EMS in the fire service is represented well by

looking at the City of Miami Fire Rescue Department nearly half a century ago. The age-old firefighter mantra to “protect and save lives and property” is well-illustrated within the history books of the City of Miami Fire Rescue and serves as an important example of Fire Rescue today in the United States. Miami was the first city to call itself a “Fire Rescue” department. Miami Fire Rescue was also revolutionary in using the advancements of technology in 2-way radios to bridge physicians in the hospital with firefighter-paramedics in the prehospital setting.

In fact, the Rescue Division of Miami Fire Rescue was established in 1939 in order to give first aid to firefighters. Rescue One, the department’s first rescue truck used to treat citizens, came on-line in 1941. In these early days, “Rescue” services were limited to basic first aid with transportation usually performed by funeral homes.

In 1964, Dr. Eugene Nagel, started to teach first aid and basic cardiopulmonary resuscitation (CPR) to the firefighters of Miami Fire Rescue. Dr. Nagel’s goal was to improve out-of-hospital cardiac arrest survival in the community by using lessons learned from the “quick response” system in the hospitals and apply it to the prehospital setting. Dr. Nagel still reflects, “We chose firefighters because they were there, they were available, they were willing, and they were motivated. It was really quite simple” (Nagel interview, February 2007). According to Dr. Nagel, “The fire service is dispersed throughout America and is everywhere in our country. It is an efficient method for offering emergency care rather than creating a completely separate service with separate communications, vehicles, housing, and personnel. It worked well in Miami in the 1960’s and continues to work well when integrated into the fire service. It is a natural fit” (Nagel interview, February 2007). Firefighters in Miami clearly demonstrated in the pioneer days of EMS that firefighters are ideal candidates and willing dispensers of high-quality EMS. In Miami, this started with basic first aid, and progressed to CPR, intravenous therapy, electrocardiographs, telemetry, and advanced airway intervention. During this same time period, similar efforts were underway using firefighters in the cities such as Baltimore, Columbus, Seattle, and Los Angeles. Providing firefighters training in lifesaving techniques and procedures has allowed them to deliver advances in medicine to

the prehospital 9-1-1 emergency care patient in a cost-effective and time-sensitive manner. Just as fire departments have evolved since the 1960's to provide prehospital emergency medical care, government oversight must evolve to cohesively organize, coordinate, and supervise the integrated delivery of emergency medical care from the scene to the hospital and even the rehabilitation and recovery phase. A critical link in that chain of survival and recovery is the rapid on-scene response of the Fire service, a service that cannot be underestimated and truly emphasized in planning, funding, support, research, and quality assurance.

The protection of life and property has been the mission of the fire service for over 200 years, but the fire department of the 21st century is evolving into a multidisciplinary public safety department. It not only handles most aspects of public safety (beyond law enforcement security issues), but it also will continue to provide advances in emergency medical care and many developing public health needs such as preparations for pandemics, disasters, and weapons of mass effect.

Today, the community-based fire station, with its ready availability of personnel 24 hours a day, coupled with the unique nature of medicine outside of the hospital, creates a symbiotic blend of the traditional public concepts and duties of the fire service with the potential for the most rapid delivery of advanced prehospital 9-1-1 emergency response and care. Traditionally, fire stations are strategically placed across geographic regions, typically commensurate with population densities and workload needs. This creates an all-hazard response infrastructure meeting the routine and catastrophic emergency needs of all communities regardless of the nature of the emergency. Accordingly, the fire service helps ensure the prosperity and security of all communities and providing prehospital 9-1-1 emergency medical care is consistent with its legacy going back 1200 years.

Types of Fire Service-Based EMS Systems

The fire service can be configured many ways to deliver prehospital 9-1-1 emergency medical care such as the following general configurations:

- Fire service-based system using cross-trained/multi-role firefighters. Firefighters are all-hazards responders, prepared to handle any situation that may arise at a scene including patient care and transport.
- Fire service-based system using employees who are not cross-trained as fire suppression personnel. Single role EMS-trained responders accompanying firefighter first-responders on 9-1-1 emergency medical calls.
- Combined system using the fire department for emergency response and a private or "third service" (police, fire, EMS) provider for transportation support. Single role emergency medical technicians and paramedics accompany firefighter first responders to emergency scenes to provide patient transport in a private or third service ambulance.

While there are pros and cons to the various system approaches, the emergency medicine (EM) literature indicates that the most likely time to create error in medical care is when care is transferred from one provider to another in a relatively short encounter time. Such circumstances require that the fire service regularly exercise the leadership needed to ensure that integration of the parts of the prehospital emergency care system are coordinated well, with maximum benefit to the patient and minimum risk to the community. For example, in the fire service-based EMS model in which the fire department provides extrication, triage and treatment services, and a separate private provider transports the patients, appropriate quality assurance measures must be in place. This quality assurance is most effective when the fire department, as the public agency, administers and monitors the performance requirements on-scene and within the transportation agreement.

National Incident Management System

The U.S. Fire Service-based emergency response and medical care system is the most effective, coordinated system worldwide. The National Incident Management System (NIMS) and other nationally-defined coordination plans ensure that fire service-based 9-1-1 emergency response and medical care always provides skilled medical services to the patient regardless of the circumstances surrounding the location and condition of the patient. In addition, the fire service has the day-to-day experience and ability to work smoothly with other participants in the prehospital 9-1-1 emergency medical care arena: private ambulance companies, law enforcement agencies, health departments, public works departments, the American Red Cross and other government and non-government agencies involved in medical care, disaster response and patient services. This type of universal coordination takes leadership, work, and the willingness to subordinate fire service prerogatives to those of the greater public need. The fire service is the creator of the unified command concept that brings everyone to the table, at the same time. Using the National Incident Management System, the fire service has superior ability to coordinate incidents of any size. As a result, it provides the best return on investment of public dollars to provide the delivery of prehospital 9-1-1 emergency medical service.

Emergency 9-1-1 Response is Different from Non-emergency and In-hospital Care

For government decision makers who do not work in the public safety environment on a day-to-day basis, it may be difficult to appreciate the differences between emergency response and ambulance transport. Unless one actually has used the EMS system in a medical emergency, he or she might be likely to define a call to 9-1-1 in a medical emergency as 'needing an ambulance.' However, with the recent advances in resuscitative medical care, particularly in cardiac emergencies, we now know that what occurs in the first few minutes after onset of the medical emergency will change the long term outcome. In many of these critical circumstances, what happens on-scene determines whether the patient lives or dies. Therefore, rapid, efficient and effective delivery of emergency response and care is dependent on immediately sending nearby

trained personnel to the scene of an emergency regardless of the vehicle or mode of transportation.

Ambulances, of course, are necessary to transport patients to a hospital where more definitive care may be needed. However, because ambulances are often busy evacuating, transporting and turning over patients at the hospital, the most reliable vehicle to ensure a rapid response generally is the neighborhood fire truck. It should be realized that the first emergency care provider who is responsible for competent care may arrive on a fire truck separate from an ambulance. This is the case in most communities in America.

There are sub-specialties of ambulance service in the out-of-hospital arena that must not be confused with 9-1-1 emergency response. For example, ambulance services are often employed for interfacility transfers for specialty care or the need to transfer patients from one hospital to another can provide a higher level of required care. These transfers may include critical care transfers between hospitals, but more often they may also be non-emergent interfacility transports or day transport for persons with home-delivered chronic care services. Such services typically are not performed by fire departments as a fundamental public policy device to better ensure dedicated 9-1-1 emergency services and thus provide security and prosperity for the community served.

Multi-Role Firefighters: Patient Safety from Multiple Perspectives

To further emphasize that the prehospital 9-1-1 emergency care patient should be considered a separate and distinct type of patient in the continuum of health care, consider the setting and the circumstances of emergency medical care delivery. These patients not only have medical needs, but they also need simultaneous physical rescue, protection from the elements and the creation of a safe physical environment as well as management of non-medical surrounding sociologic concerns. The fire service is uniquely equipped to simultaneously address all of these needs.

The mission of the fire service is to protect and save lives and property. There are no other conflicting agendas. The fire service-based prehospital, 9-1-1 emergency response

medical care system is designed to be part of society's safety net. Fire and prehospital 9-1-1 emergency response medical care are intimately intertwined. Separating them from the EMS focus only serves to polarize our country's already fragmented emergency response system.

All out-of-hospital emergency care and ambulance transport professionals are taught that scene safety is the primary objective at every emergency scene. However, many of today's non-fire service-based EMS professionals do not have the additional resources and often do not have the training to effectively secure a scene. When there is a strict medical orientation in their professional training and practice, adequate preparation to appropriately and safely provide emergency medical care to an emergency patient may be compromised. Scene safety issues are often not apparent until a crew is on-scene to assess the incident.

Decision makers should consider, 'What does a non-fire based EMS crew do on the scene of a motor vehicle accident when the car is engulfed in flames and occupants are trapped inside, and fire crews were not dispatched?' In many cases, a non-fire service-based EMS provider would need to request dispatch of a fire company after the initial scene size-up, further delaying care, and further increasing risk to rescuers and victims. Streamlining this approach into the fire service-based prehospital 9-1-1 emergency medical care system is quite arguably more effective from the perspective of scene safety, short response time, integrated rescue and treatment, and then transport to a medical facility. Regardless, the firefighter response is a key element of patient safety, both medically and environmentally.

In the era of homeland security threats and the spiraling growth of the commercial transport industry, the threat of hazardous materials (Haz-Mat) is center-stage. Again, fire service Haz-Mat teams are the front-line of protection and rapid delivery of medical care can be pre-empted by such chem-bio threats, but where rapid care can be given, it can be expedited directly by cross-trained fire-service Haz-Mat care providers.

Fire Service-Based EMS as the Health Care System Safety Net

Prehospital 9-1-1 emergency patient medical care is a major part of the safety net for the American healthcare system. They may be the provider of last resort for the needy, yet they can be one more mechanism for overloading the health care system. Nevertheless, to its credit, the fire service-based, prehospital 9-1-1 emergency patient medical care provides unconditional service to all members of our population. Therefore, the fire service must now become an integral part of the public health system and work closely with medical and public health experts to help alleviate unnecessary burdens on already overburdened hospital, medical and public health systems. Already part of local government, the fire service may be best positioned to sit at the table and help provide important data to facilitate creating solutions to pressing health care public policy issues.

Above all, rapid response times are a pivotal advantage of fire service-based, prehospital 9-1-1 emergency EMS systems. Now equipped with automated defibrillators to reverse sudden cardiac arrest, the fire truck, coupled with bystander CPR, has become one of the greatest life-saving tools in medical history. With stroke centers to treat stroke within the golden 3 hour window, cardiac catheterization centers to treat heart attack in the 90 minute door-to-balloon time, and trauma centers to treat hemorrhaging patients, time efficiency is a key component of the best designed EMS systems. The service most capable of rapid multi-faceted response, rapid identification and triage to the appropriate facility is a fire service-based EMS system.

EMS is Not an Ambulance Ride

One of the central themes of this discussion is concern over the common misconception that EMS begins with the transport of a patient in an ambulance to a hospital. This misunderstanding resulted essentially in funding of transport service providers but not providers of emergency medical care rendered at the scene. This funding aberrancy occurred in the 1960s as Medicare provided reimbursement for transportation of trauma patients to the hospital, long before the contemporary EMS system developed. About the same time, fire service delivery of 9-1-1 emergency medical care was becoming part of the fabric of the fire service. It was managed and funded as an integral component of

public safety service provided by a fire department. Thus, it was funded solely as part of the fire department budget.

Payment for transportation does not fairly portray the full picture of 9-1-1 emergency response and medical care. As the need to pay for EMS was realized, federal dollars for "emergency medical services" went to the perceived greatest area of need at that time, the need for transportation. These federal dollars even provided payment of non-emergency ambulance transport for the care of chronic medical problems. Even though much of the life-saving effect of EMS in today's circumstances will play out routinely on the scene long before ambulance arrival, the focus on transport and not medical care delivery remains. This distinction has been lost and, to this date, never totally reconciled. Especially considering the resource impact, educating the public and government officials about this distinction within the EMS system in the U.S. is a critical and timely issue in the era of homeland security and Haz-Mat threats.

Funding for Prehospital EMS

The fire service supports the recent Institute of Medicine recommendations for ensuring federal payment for emergency medical care not associated with transport. Although not labeled specifically for EMS activities, grant funds are received by fire departments and emergency management agencies to enhance EMS response capabilities throughout the United States. It is deceptive to imply that only funds awarded to single function EMS delivery agencies are the only dollars benefiting those receiving prehospital 9-1-1 emergency medical care services.

For example, Assistance to Firefighter Grants (AFG) are essential to ensuring that fire departments have the baseline response capability that prepares them to respond not only to local incidents but also to effectively participate in broader, national responses. Fire department 'response' is considered 'all-hazards', inclusive of emergency, prehospital 9-1-1 medical care services. The program is extraordinarily cost-effective, with low administrative overhead and direct payments to local fire departments. As almost all fire departments provide EMS at some level, AFG dollars support equipment purchases,

training efforts as well as public safety education and injury prevention efforts. In fiscal year 2006 (FY 2006), 4,726 grants were awarded to fire departments throughout the United States totaling \$461,092,358.

Another example of federal funding of local emergency response systems is the Staffing for Adequate Fire and Emergency Response (SAFER) Grants. The single most important obligation the federal government should fulfill to enhance local preparedness and protect Americans against all-hazards—natural and man-made—is to assure that every fire department in the nation has sufficient numbers of adequately trained and equipped fire fighter/ EMS responders. In FY 2006, there were 242 SAFER awards totaling \$96,151,433 provided to fire departments throughout the United States.

Both AFG and SAFER grants present the federal government with its best opportunity to assure a strong, emergency response component in every community in America.

Federal Oversight and Administration of EMS

EMS has many voices at the federal level including the Department of Health and Human Services, Department of Transportation, Department of Justice, and Department of Homeland Security. Each voice advocates for specific entities that provide EMS as part of its services. Congress appropriately has empowered all EMS-related agencies under the Federal Interagency Committee on Emergency Medical Services (FICEMS). Recently, the FICEMS has been strengthened and provides the mechanism to accomplish this “coordination of the voices.” The leadership challenge is to bring all of the voices together. The FICEMS can do this, if given a chance and a mandate.

Conclusion

In terms of the rapid delivery of emergency medical care in the out-of-hospital environment, fire departments have the advantage of having a free-standing army ready to respond anytime and anywhere. Prehospital, 9-1-1 emergency response in support of community prosperity and security is one of the essential public safety functions provided by the United States fire service. Fire service-based EMS systems are strategically

positioned to deliver time critical response and effective patient care and scene safety. Fire service-based EMS accomplishes this while emphasizing responder and patient safety, providing competent and compassionate workers, and delivering cost-effective operations.

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Ronny J. Coleman

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Phone 916 799 5363

Fax 916 689 4998

E-mail Ronny.Coleman@Fireforceone.com

July 2, 2007

Blake G. Geotz, CEM
President, Riverside County Fire Chiefs
320 N. El Cielo Rd
Palm Springs, Ca 92262-6968

Dear Chief Geotz,

Again, I would like to respond in a timely fashion to your letter dated June 18th, 2007. I am sorry it has taken this long but I have been out of the country working with the fire service in another nation and did not return to duty until Tuesday. First off, please be assured also that we are extremely pleased to have your organization serving the purpose of helping us identify the solutions for our personnel. We do feel that the more that we can address specifics the better off we are and we have determined that such actions as you going to the trouble of contacting those fire departments to make sure they have the latest state fire training policies and procedures manual and providing them with information on how to get it off the website is exactly what we need to be able to do with every fire chiefs association throughout the state.

I do appreciate your note about the phone service regarding Riverside Community and Cal Fire personnel. I have conversed with Chief Richwine and specifically addressed this issue with him. In addition, Christy Owen who has been brought into the staff is there almost every day. The past problems of unanswered phone calls we feel was a direct result of a lack of adequate staff and continuity in the offices.

We do recognize that we are making progress but we have many more issues that need to be addressed. In correspondence with Mike and members of our subcommittee we continue to focus on the specifics of how we are going to bring about the necessary changes.

I am very concerned about your one statement regarding how we keep people up to date who are not directly connected to educational institutions. That will be a topic of future discussion of the Statewide Training Education Advisory Committee.

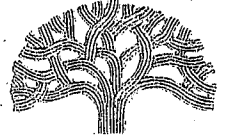
In addition to that, your idea of talking about a timeline is when to expect these changes to be accomplished is very much a part of our ongoing discussion right now. As we continue working our way forward on the resolution of these problems we will continue exchanging communications in a very specific fashion. I have been working a lot with Chief Richwine and he advised me that we now have a new person who has been assigned in the Riverside area. His name is Ramon Rodriguez. He has been with the

JUN 15 2007

copy: M. Richwine
C. Owen
R. Slaughter
S. Margullis

Director's Office

CITY OF OAKLAND



TRAINING DIVISION

250 VICTORY COURT

OAKLAND, CALIFORNIA 94607

Oakland Fire Department

(510) 238-4040
FAX (510) 451-3285

June 12, 2007

Ruben Grijalva
Director
Cal Fire
P.O. Box 944246
Sacramento, CA 94244-2460

Dear Director Grijalva,

Recently I had received an invitation from Deputy State Fire Marshal Rodney Slaughter for a personal tour of California State Fire Training. On Friday, June 8th, I spend the better part of the day at the State Fire Training Office in Sacramento. The purpose of this tour was two fold: Primarily the tour was arranged so that, as Director of Training for Oakland Fire Department, I would have a clear picture of how State Fire Training operates and why some things take time. The other objective was to clear up Instructor criteria questions concerning one of our Rescue Systems trainers. The trip was a success on all fronts.

From the onset, DSFM Slaughter was welcoming and extremely approachable. He gave me an in-depth tour of the entire facility, including introductions to all of the people we encountered, with an explanation of the different areas of responsibility. He also educated me on funding issues for necessary training and the possibility of grant options. Prior to our meeting, I was unaware that there is some funding available for Rescue Systems Training.

While DSFM Slaughter was taking time with me, the staff of Chief Richwine, Christy Owen and Sandy Margullis was extensively studying the personal folder of Lt. Troy, one of our Rescue Systems trainers within our department. He had some long standing issues regarding his qualifications and was not able to understand what areas needed to be addressed so that he could become a State Certified Rescue Systems Instructor. With the assistance I received from Chief Richwine and his staff I am now clear on what criteria needs to be met by Lt. Troy.

Director Ruben Grijalva

Page 2

Please extend my greatest appreciation to Chief Richwine, DSFM Rodney Slaughter and the entire staff of State Fire Training for their friendliness, attention to detail and professionalism. After such a thorough tour of State Fire Training, it was very clear that there is a tremendous work load for a limited staff. I commend their positive attitude and work ethic.

My sincerest appreciation,

A handwritten signature in black ink, appearing to read "Thomas D. Gallinatti". The signature is fluid and cursive, with a long horizontal stroke extending to the left.

Thomas D. Gallinatti
Director of Training
Oakland Fire Department



June 18, 2007

Mr. Ronnie Coleman, Chief (Ret.)
California State Fire Training
P.O. Box 944246
Sacramento, CA 94244-2460

Dear Chief Coleman,

Thank for your reply to our original correspondence dated April 16, 2007. Before addressing the issues at hand, I want to assure you and the staff at State Fire Training that the Riverside County Fire Chiefs Association including all our members and subcommittees are committed to working together to help institute the positive changes that have been set into motion. Also, please be assured that even though we brought forward issues that we perceived to be "problems," we have done so in the spirit of finding solutions so that we may better serve our fire service personnel. It is not our intention to engage in petty or trivial complaints. It is our responsibility to serve and train our personnel to the most current and relevant standards that are available, and your agency is critical to meeting this objective.

With regard to your letter, we surveyed our member departments and found that approximately seventy percent of the departments did have the latest State Fire Training Policy and Procedures manual. The ones that did not were informed of its availability on the State Fire Training Website.

The issue of inconsistent phone service was mainly a concern of Riverside Community College and Cal Fire personnel who regularly phone SFT. It is my understanding that representatives of Riverside Community College visited SFT in late April and addressed these issues directly with Chief Richwine. He assured them that a new office manager, Christy Owen, was in place to provide quality assurance, and manage staff training and turn over. We are confident this will provide long-term solutions to the customer service issues that we have encountered in the past. Past problems included unanswered phone calls, or calls not returned in a timely manner. Those who called regularly prior to the new office management structure often "shopped" different phone numbers until they got a person to answer the phone.

When Chief Richwine originally took over, there was a noticeable improvement in customer service, but there are still some issues that need to be addressed. Specifically, the "decertifying" of the multi-agency truck academy, instructors who randomly fall out of the SFT data base, and how instructors are kept abreast of SFT program changes. In

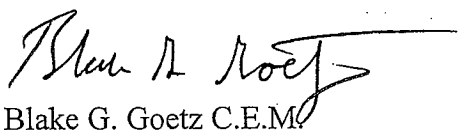
talking with Natalie Hannum, the Interim Fire Technology Director at Riverside Community College, she stated that they have a staff person who ensures that their instructors are current in the SFT system. We are concerned about instructors that are not employed or attached to a large institution, such as RCC, and how they are made aware of changes and new developments at SFT. As an example, RCC recently hired an instructor who teaches CFSTES level classes who was unaware of the required ethics class, nor had he heard of the fee increase (later rescinded). The instructor had been dropped from the approved list and was not authorized to teach SFM Classes. The instructor had not received any notification. He has since taken the ethics class and has been made aware of the changes; but only through his employment with RCC. There appears to be lack of communication between SFT and instructors in the database.

The Riverside County Fire Chiefs Association supports the key conceptual ideas put forth in Blueprint 20/20. What would be helpful is a timeline of when to expect changes to make their way down to the user level, and what we can do to help facilitate this. We feel our relationships with Riverside County Training Officers Association and Riverside Community College, which is one of the largest providers of SFT courses, put us in a unique and fortunate position to help expedite your plan.

As President of the RCFCA, I want to reiterate our willingness to be part of the solution to the issues brought up during our recent correspondence. Riverside is a large and rapidly growing county, and our fire training programs are being stretched to the limit, which in turn places greater demand on State Fire Training. I am confident we can meet the demands of our growing county and the demands placed on your agency through open dialog and commitment to positive change. I would like to invite you and other representatives from State Fire Training to attend a county chiefs meeting to discuss additional fire training issues and tour the Ben Clark Training Center.

Thank you for responding to our concerns and working with the Statewide Training and Advisory Committee to make adjustments and improvements to the fire service training program here in California.

Sincerely,



Blake G. Goetz C.E.M.

President

Riverside County Fire Chiefs Association

Palm Springs Fire Department
300 N. El Cielo Rd.
Palm Springs, CA 92262
(760) 323-8182

Richwine, Mike

From: Jim Glew [Jim.Glew@SMGOV.NET]
Sent: Monday, June 25, 2007 8:58 AM
To: Richwine, Mike
Subject: FW: Employee Recognition

The first message was returned for a bad e-mail address, sorry.

Jim Glew

Fire Marshal
Santa Monica Fire Dept.
333 Olympic Drive 2nd Floor
Santa Monica, CA 90401

Office 310-458-8782
Fax 310-395-3395
e-mail jim.glew@smgov.net

IN AM AR BITH
DEARMAD
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From: Jim Glew
Sent: Monday, June 25, 2007 8:47 AM
To: 'michael.richwine@fire.ca.gov'
Cc: 'kate.dargan@fire.ca.gov'
Subject: Employee Recognition

Good morning Chief, sorry to bother you so early in the day but I have to take the time to document two of your employees.

Last week I had to contact State Fire Training regarding certification for one of my employees and an up coming promotional test. When I contacted State Fire Training Christy Owen and Kristen Fonseca provided me with the most professional experience I have had dealing with another agency. Not only did they address my issue but then went above and beyond the call of duty.

At times we in Government do not take the time and effort to recognize and acknowledge such actions. So this morning I am taking the time to recognize and thank Christy and Kristen for their outstanding commitment to their jobs in State fire Training.

Jim Glew

Fire Marshal
Santa Monica Fire Dept.
333 Olympic Drive 2nd Floor
Santa Monica, CA 90401

Office 310-458-8782

7/3/2007



Fire Department**Mike Macey
Fire Chief**

May 8, 2007

Chief Michael Richwine
State Fire Training
PO Box 944246
Sacramento, CA 94244-2460

Dear Chief Richwine:

Pursuant to Title 22, the Laguna Beach Fire Department would like to submit for Emergency Medical Technician (EMT) synchronization. It is hoped all of the members of the Laguna Beach Fire Department can be synchronized to June 30, 2007; however, if that is not possible it is requested that as many of our EMT's as possible obtain the June 30, 2007, date.

On another note, I have spoken with Captain Api Weinert, who is a State Certified EMT Instructor, and he was our Department's representative working with members of your staff on our EMT recertification process. Captain Weinert praised the work of several individuals in your office, particularly, Sandy Margullis and Kim Hines. Kim and Sandy both went out of their way to assist our Department in the recertification process. We had several issues arise when we began this process, and both were extremely helpful in resolving individual questions and procedural inquiries. The members of the Laguna Beach Fire Department are impressed with the quality of your staff and the hard work being done at State Fire Training.

Please call me at (949) 497-0700, if you need additional clarification or content.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Macey", with a stylized flourish at the end.

Mike Macey
Fire Chief

Cc: Chief Christopher
Captain Weinert

RESIDENTIAL FIRE SPRINKLERS and SMOKE DETECTORS SAVE LIVES

505 FOREST AVE. • LAGUNA BEACH, CA 92651 • TEL (949) 497-0700 • FAX (949) 497-0784